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PTO/SB/01 (12/97)

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|   |                    |                        |              |
|---|--------------------|------------------------|--------------|
| <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>   |                    | Attorney Docket Number | 87647.98R199 |
|   |                    | First Named Inventor   | Bailey       |
| <b>COMPLETE IF KNOWN</b>  |                    |                        |              |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing<br><br><input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))) | Application Number | /                      |              |
|   | Filing Date        |                        |              |
|   | Group Art Unit     |                        |              |
| Examiner Name   |                    |                        |              |

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER OF REDUCED FOLATES**

the specification of which

*(Title of the Invention)*

is attached hereto  
**OR**  
 was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application | Foreign Filing Date | Priority   | Certified Copy Attached?   |  |
|---------------------------|---------------------|--|--|--|
|                           |                     |  | YES  | NO   |
| none                      |                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |  |
|-----------------------|--------------------------|--|
| 60/010,898            | 01/31/1996               | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

|  |                                 |                                      |
|--|---------------------------------|--------------------------------------|
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
| PCT/US97/01870                               | 01/31/1997                      |                                      |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all business in the Patent and Trademark Office connected therewith:  Customer Number  Place Customer Number Bar Code Label here

OR  
 Registered practitioner(s) name/registration number listed below

|                 |                     |      |                     |
|-----------------|---------------------|------|---------------------|
| Name            | Registration Number | Name | Registration Number |
| Susan J. Braman | 34,103              |      |                     |

Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto.

Direct all correspondence  Customer Number or Bar  OR  Correspondence address below

|         |                                 |           |              |     |              |
|---------|---------------------------------|-----------|--------------|-----|--------------|
| Name    | Susan J. Braman                 |           |              |     |              |
| Address | Jaekle Fleischmann & Mugel, LLP |           |              |     |              |
| Address | 39 State Street                 |           |              |     |              |
| City    | Rochester                       | State     | NY           | ZIP | 14614-1310   |
| Country | US                              | Telephone | 716-262-3640 | Fax | 716-262-4133 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|   |   |                        |    |         |       |             |    |
|---|---|------------------------|----|---------|-------|-------------|----|
| Name of Sole or First Inventor:   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |    |         |       |             |    |
| Given Name (first and middle [if any])  |   | Family Name or Surname |    |         |       |             |    |
| Steven W.   |   | Bailey                 |    |         |       |             |    |
| Inventor's  | <i>Steven W. Bailey</i>   |                        |    |         | Date  | 23 July 98  |    |
| Residence: City   | Mobile  | State                  | AL | Country | US    | Citizenship | US |
| Post Office Address   | Pharmacology Department, 3130 MSB; College of Medicine                        |                        |    |         |       |             |    |
| Post Office Address   | University of South Alabama   |                        |    |         |       |             |    |
| City  | Mobile  | State                  | AL | ZIP     | 36688 | Country     | US |
| <input checked="" type="checkbox"/> Additional Inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached |   |                        |    |         |       |             |    |

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PTO/SB/02A (12/97)

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|                    |  |   |  |
|--------------------|--|---|--|
| <b>DECLARATION</b> |  | ADDITIONAL INVENTOR(S)<br>Supplemental Sheet<br>Page <u>1</u> of <u>1</u> |  |
|--------------------|--|---|--|

|  |  |   |    |         |       |             |                         |
|--|--|---|----|---------|-------|-------------|-------------------------|
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |                         |
| Given Name (first and middle [if any])     |  | Family Name or Surname  |    |         |       |             |                         |
| June E.                                    |  | Ayling  |    |         |       |             |                         |
| Inventor's                                 | <i>June E. Ayling</i>                                  |   |    |         |       | Date        | <i>July 27<br/>1998</i> |
| Residence: City                            | Mobile   | State   | AL | Country | US    | Citizenship | US                      |
| Post Office Address                        | Pharmacology Department, 3130 MSB; College of Medicine |   |    |         |       |             |                         |
| Post Office Address                        | University of South Alabama                            |   |    |         |       |             |                         |
| City                                       | Mobile   | State   | AL | ZIP     | 36688 | Country     | US                      |
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |                         |
| Given Name (first and middle [if any])     |  | Family Name or Surname  |    |         |       |             |                         |
|  |  |   |    |         |       |             |                         |
| Inventor's                                 |  |   |    |         |       | Date        |                         |
| Residence: City                            |  | State   |    | Country |       | Citizenship |                         |
| Post Office Address                        |  |   |    |         |       |             |                         |
| Post Office Address                        |  |   |    |         |       |             |                         |
| City                                       |  | State   |    | ZIP     |       | Country     |                         |
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |                         |
| Given Name (first and middle [if any])     |  | Family Name or Surname  |    |         |       |             |                         |
|  |  |   |    |         |       |             |                         |
| Inventor's<br>Signature                    |  |   |    |         |       | Date        |                         |
| Residence: City                            |  | State   |    | Country |       | Citizenship |                         |
| Post Office Address                        |  |   |    |         |       |             |                         |
| Post Office Address                        |  |   |    |         |       |             |                         |
| City                                       |  | State   |    | ZIP     |       | Country     |                         |

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Change Of Attorney Or Agent's Address In Application  
(37 CFR 1.8(a))

Docket No.

004.00331 (95-006)

In Re Application Of: Bailey et al.

**COPY**

|                          |                              |                      |                        |
|--------------------------|------------------------------|----------------------|------------------------|
| Serial No.<br>10/196,118 | Filing Date<br>July 16, 2002 | Examiner<br>H. Pratt | Group Art Unit<br>1761 |
|--------------------------|------------------------------|----------------------|------------------------|

Invention:

USES FOR FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER OF  
REDUCED FOLATES

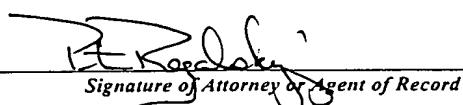
TO THE COMMISSIONER FOR PATENTS

Please send all correspondence for this application to:

Peter Rogalskyj, Esq.  
Rogalskyj & Weyand, LLP  
P.O. Box 44  
Livonia, New York 14487-0044

Please direct all telephone calls to:

Peter Rogalskyj, Esq.  
Tel.: (585) 346-1004  
Fax: (585) 346-1001



*Peter Rogalskyj*  
Signature of Attorney or Agent of Record

Peter Rogalskyj, Esq  
Reg. No. 38,601  
Rogalskyj & Weyand, LLP  
P.O. Box 44  
Livonia, New York 14487-0044  
Tel.: 585-346-1004  
Fax: 585-346-1001

Registration Number & Address of Attorney or Agent of Record

Dated: May 27, 2003

I certify that this document is being deposited on  
**5-27-03** with the U.S. Postal Service as first  
class mail under 37 C.F.R. 1.8 and is addressed to the  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450.



*Peter Rogalskyj*  
Signature of Person Mailing Correspondence

Peter Rogalskyj

Typed or Printed Name of Person Mailing Correspondence

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bailey )  
 Serial No.: 09/117,586 )  
 Filed: July 31, 1998 )  
 For: FOOD AND VITAMIN )  
 PREPARATIONS CONTAINING )  
 THE NATURAL ISOMER OF )  
 REDUCED FOLATES )

Examiner:

Art Unit:1761

**COPY**REVOCATION OF ATTORNEYS  
AND APPOINTMENT OF NEW ATTORNEYS

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

The Assignee of record of the above-identified application, South Alabama Medical Science Foundation, by virtue of an assignment submitted for recordation on July 31, 1998, hereby revokes all powers of attorney previously granted and in their place appoints the following attorneys: Susan J. Braman, Reg. No. 34,103 and Peter Rogalskyj, Reg. No. 38,601, each of them c/o Braman & Rogalskyj, LLP, P.O. Box 352, Canandaigua, New York 14424-0352 (telephone 716-393-3000; facsimile 716-393-3001), each with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to receive the patent, to transact all business in the U.S. Patent and Trademark Office connected therewith and to file any International Applications which are based thereon under the provisions of the Patent Cooperation Treaty.

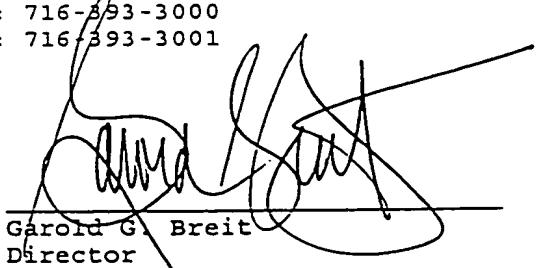
Please address all future communications and direct all telephone calls regarding this application to:

Susan J. Braman  
Braman & Rogalskyj, LLP  
P.O. Box 352  
Canandaigua, New York 14424-0352

Telephone: 716-393-3000  
Facsimile: 716-393-3001

Date

12/14/98

  
Garold G. Breit  
Director  
Office of Technology Transfer  
South Alabama Medical Science  
Foundation



604.33372

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
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Washington, D.C. 20231

JANUARY 15, 1999

PTAS

JAECKLE FLEISCHMANN & MUGEL, LLP  
SUSAN J. BRAMAN  
39 STATE STREET  
ROCHESTER, NY 14614-1310



\*100835602A\*

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NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 07/31/1998

REEL/FRAME: 9456/0461  
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

BAILEY, STEVEN W.

DOC DATE: 07/28/1998

ASSIGNOR:

AYLING, JUNE E.

DOC DATE: 07/28/1998

ASSIGNEE:

SOUTH ALABAMA MEDICAL SCIENCE  
FOUNDATION  
POST OFFICE BOX U-1060  
MOBILE, ALABAMA 36688

SERIAL NUMBER: 09117586  
PATENT NUMBER:

FILING DATE: 07/31/1998  
ISSUE DATE:

FORM PTO-1619A  
Expires 06/30/99  
OMB 0551-0027

09-21-1998

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

89/117586

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05 Rec'd PCT/PTO 31 JUL 1998

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## Submission Type

 New Resubmission (Non-Recordation)Document ID#  Correction of PTO ErrorReel #  Frame #  Corrective DocumentReel #  Frame # 

## Conveyance Type

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U.S. Government

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 Departmental File Secret File

MRO 7-31-98

## Conveying Party(ies)

 Mark if additional names of conveying parties attachedExecution Date  
Month Day Year

07/28/1998

Name (line 1)  Bailey, Steven W.Name (line 2) 

## Second Party

Name (line 1)  Ayling, June E.Name (line 2) Execution Date  
Month Day Year

07/28/1998

## Receiving Party

 Mark if additional names of receiving parties attachedName (line 1)  South Alabama Medical Science Foundation

If document to be recorded  
is an assignment and the  
receiving party is not  
domiciled in the United  
States, an appointment  
of a domestic  
representative is attached.  
(Designation must be a  
separate document from  
Assignment.)

Name (line 2) Address (line 1)  Post Office Box U-1060Address (line 2) Address (line 3)  Mobile

AL

36688

City

State/Country

Zip Code

## Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name Address (line 1) Address (line 2) Address (line 3) Address (line 4) 

## FOR OFFICE USE ONLY

Correspondent Name and Address

Area Code and Telephone Number

(716) 262-3640

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document  
including any attachments.

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2

Application Number(s) or Patent Number(s)

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Patent Number(s)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If this document is being filed together with a new Patent Application, enter the date the patent application was

Month  Day  Year

Patent Cooperation Treaty (PCT)

Enter PCT application number  
only if a U.S. Application Number  
has not been assigned.

PCT  PCT  PCT

PCT  PCT  PCT

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment:

Enclosed  Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Susan J. Braman

Name of Person Signing

*Susan J. Braman*

Signature

*July 31, 1998*

Date

**COPY**

87647.98R199

ASSIGNMENT

WHEREAS, We, Steven W. Bailey, a citizen of the United States of America, residing at Pharmacology Department, 3130 MSB, College of Medicine, University of South Alabama, Mobile, Alabama 36688, and June E. Ayling, a citizen of the United States of America, residing at Pharmacology Department, 3130 MSB, College of Medicine, University of South Alabama, Mobile, Alabama 36688, have invented certain new and useful improvements in FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER OF REDUCED FOLATES for which we have executed an application for Letters Patent in the United States, the specification of which was filed as PCT International Application Number PCT/US97/01870 on January 31, 1997;

AND WHEREAS, South Alabama Medical Science Foundation, with its principal place of business at Post Office Box U-1060, Mobile, Alabama, 36688, desires to acquire the entire right, title and interest in and to the said improvements and the said Application:

NOW, THEREFORE, for good and valuable consideration including salary or payment for the making of inventions in accordance with the patent policy of the University of South Alabama, College of Medicine, or employee benefits, We, the said inventors, do hereby acknowledge that We have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said South Alabama Medical Science Foundation, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in, to and under the said improvements, and the said application and all divisions, renewals and continuations thereof, and all Letters Patent of the United States which may be granted thereon and all reissues and extensions thereof, and all rights of priority under International Conventions and applications for Letters Patent which may hereafter be filed for said improvements in any country or countries foreign to the United States, and all Letters Patent which may be granted for said improvements in any country or countries foreign to the United States and all extensions, renewals and reissues thereof; and We hereby authorize and request the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue patents on applications as aforesaid, to issue all Letters Patent for said improvements to the said South Alabama Medical Science Foundation, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND We HEREBY covenant and agree that We will communicate to the said South Alabama Medical Science Foundation, its successors, legal representatives and assigns, any facts known to us respecting said improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional,

**COPY**

- 2 -

continuing and reissue applications, and make all rightful oaths to aid the said South Alabama Medical Science Foundation, its successors, legal representatives and assigns, at the expense of said South Alabama Medical Science Foundation, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for said improvements in all countries.

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 28 day of July, 1998.

Steven W. Bailey  
Steven W. Bailey

STATE OF ALABAMA  
COUNTY OF MOBILE SS:

This 28th day of July, 1998, before me personally came the above-named Steven W. Bailey, to me personally known as the individual who executed the same of his own free will for the purposes therein set forth.

Judi Naylor  
Notary Public  
My Commission Expires July 30, 2000

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 28 day of July, 1998.

June E. Ayling  
June E. Ayling

STATE OF ALABAMA  
COUNTY OF MOBILE SS:

This 28 day of July, 1998, before me personally came the above-named June E. Ayling, to me personally known as the individual who executed the same of her own free will for the purposes therein set forth.

Judi Naylor  
Notary Public  
My Commission Expires July 30, 2000